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JONES ON FUNCTIONAL NERVOUS DISORDERS,

12 PAGES.

CHOLERA.

Pathology and Treatment of Cholera.—We have laid before our readers in the preceding numbers of the *News* for the present year the views of Prof. George Johnson on the pathology and treatment of cholera. We have done so, first, on account of their novelty, for we think it proper to lay before our readers all new views with regard to this fatal disease; and, next, because they are urged with considerable ingenuity, and have made converts of a number of distinguished men abroad. We are far, however, from being satisfied of their correctness; on the contrary, it seems to us that his pathological views are based upon mere hypotheses, and that the treatment which naturally flows from them is eminently dangerous.

His assumption that in cholera there is a morbid poison in the blood, that this poison acts first on the lungs, causing a spasm of the bronchial arteries, which arrests the flow

of blood to these organs, and that the vomiting and purging are efforts of nature to eliminate such poison, are clearly mere hypotheses. Moreover, did there exist a poison to be eliminated, it might reasonably be believed that the profuse evacuations from the stomach and bowels would be eliminative enough without having recourse to emetics and purgatives. In a paper on the pathology of cholera read before the Philadelphia County Medical Society by the editor of this journal, in 1832, and published in the *Cholera Gazette* of November of that year, we think it has been conclusively shown that all the phenomena of collapse are mainly due to the loss of the water and saline ingredients of the blood through the secretions into the alimentary canal, and that the collapse is to a great extent, *cateris paribus*, proportional to the amount of this loss. We say *cateris paribus*, because the amount sufficient to prostrate some persons is much less than for others. During collapse, absorption is nearly or

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wholly suspended, and hence the difficulty of supplying the loss sustained by the blood; hence, also, the wonderful temporary benefit resulting from the injection of saline fluids into the veins; some patients apparently at the point of death being so resuscitated as to lead the bystanders to indulge in strong hopes of recovery. This revival is, however, but temporary. The mucous membrane of the alimentary tract is profoundly affected, as first shown by Prof. Horner, who demonstrated that the whole intestinal canal was, to a greater or less extent, denuded of its epithelial covering, and, therefore, rendered more or less incapable of performing its functions. The water injected into the vein is speedily poured out again into the alimentary canal. Medicines taken internally in this condition are wholly inoperative at the time, but should reaction fortunately take place and the function of absorption be re-established, their cumulative effects may then be experienced and the feeble flame of life extinguished by them. Great care should therefore be observed in this torpid condition of the system not to introduce into the stomach or bowels large doses of potent remedies, such as calomel and opium. We believe that the principal phenomena of the disease are the result of the loss of the watery constituents of the blood. The physiological importance of water to the organism has only lately been fully appreciated. Claude Bernard has shown that it is an *essential component* of all living organism, without which life cannot be maintained. Robin and Verdeil regard water as an *anatomical* or *essential element* of living structures. Hence the fatal consequences resulting from its loss.

We may enter more fully into the details of this subject hereafter, but at present we have only space to throw out some general views, and to recommend to the consideration of our readers the very sensible views presented by Dr. Maclean in a lecture recently delivered at the Royal Victoria Hospital, Netley, to be found below.

Lecture on the Treatment of Cholera. Delivered at the Royal Victoria Hospital, Netley. By Deputy Inspector General MACLEAN, M. D., Professor of Military Medicine.

The lecturer gave a *résumé* of what had been said in detail in previous lectures on

the history of epidemic cholera and its progress through the various parts of the world, and particularly the routes by which it has invaded this country: showing how invariably it has followed the stream of human intercourse by sea and land; and dwelling on the fact so much insisted on by Budd, that it has invariably first appeared in this country at a seaport, and that the one having the most direct and frequent intercourse with an infected foreign port or country. Dr. Maclean reminded his audience of the mode in which it is propagated in India. Starting from some unsanitary city or district, that it is spread by pilgrims, bodies of travellers, or troops, in movement from village to village and from one district to another. How a tainted regiment propagates the disease along its line of route. How a healthy regiment meeting another suffering from cholera, and communicating with it, almost invariably contracts the disease; thus forming a fresh focus and centre of propagation along its line of march. How healthy bodies of men encamping on ground saturated with the discharges of cholera patients almost invariably suffer: and many facts of a like kind, all tending to show what strong ground there is for believing that this pestilence is propagated by human intercourse, and that, in all probability, mainly by the poisonous action of the excretions of the affected after they have undergone certain changes.

From this Dr. Maclean passed on to consider the most rational methods of prevention in barracks, camps, and garrisons, on the line of march, and in transports, pointing out that these rules are, most of them, quite as applicable to prisons, schools, or manufactories as to troops. Dr. Maclean showed by numerous striking examples the terrible results that follow when cholera obtains a footing in barracks or prisons that are overcrowded. The lecturer then urged the necessity of attention to the state of the latrines, showing that in India the dormitories most under the influence of a privy atmosphere invariably present the largest number of cases and the heaviest mortality. The necessity of paying scrupulous attention to the quality of the water-supply was next insisted on, and proof given of the importance of this both from Indian experience and from the history of the disease in this country.

Dr. Maclean then urged that no epidemic

of cholera should ever take medical officers serving in the plains of India unawares; that the probability of such an outbreak amongst the troops under their charge should ever be present to their minds, and all their plans and arrangements should, as much as possible, be made beforehand. He read the General Order of Sir Hugh Rose, deduced from the labours of the Cholera Commission in India, and explained its various provisions. This led to a full exposition of the duties of military medical officers during the prevalence of the disease in barracks, in camps, and on the line of march.

Dr. Maclean dwelt much on the importance of frequent inspection of troops by medical officers and intelligent medical subordinates for the purpose of detecting the stage of premonitory diarrhoea, giving many examples of a great saving of life by attention to this simple measure, and demonstrating how the same rule, if carried out in prisons, schools, and manufactories in this country during the prevalence of cholera would effect the same object. Premonitory diarrhoea is quite as common in this country as in India; and it is lamentable to see how much even well-informed people neglect the warning it gives. The late lamented Health Officer of Southampton was thus admonished for more than thirty hours before vomiting and rice-water evacuations appeared. Unhappily he, too, despised the indication of danger, and perished.

The treatment of this premonitory diarrhoea most insisted on was immediate recourse to the recumbent position, and the use of a warm, stimulating draught in combination with opium. Dr. Maclean spoke highly of the formula for the mixture in the "Medical Field Companion," intended to "promote reaction in diarrhoea and cholera": Oil of aniseed and oil of cajeput, of each one fluidrachm and a half; Haller's acid solution and tincture of cinnamon, of each two drachms. The dose of this is ten to fifteen or twenty drops, with the addition of fifteen or twenty drops of tincture of opium, or Battley's sedative solution. The mixture can be given again at short intervals. It is seldom necessary, or even expedient, to repeat the opiate. Great comfort and support is given at such a time by the use of a stout calico belt, lined with flannel, worn over the abdomen. Some care in diet is advisable for a few days.

Coming to the treatment of cholera when fairly established, Dr. Maclean thus expressed himself:—

Dr. John Macpherson, late of the Bengal army, and for many years one of the physicians to the Calcutta General Hospital, one of the most conscientious observers and recorders of facts in our profession, after approvingly quoting the melancholy words of Bouchardat (who concludes his account of what he calls the "*funeste champ de bataille* of the cholera epidemic of 1850" with the confession "that he had not only not seen a single efficacious remedy, not one discovery, not a single thought indicative of scientific progress"), adds: "The experience of the last fourteen years in Bengal has not been dissimilar. How many of the new remedies have stood their ground? Saline enemata, the successors of saline injections into the veins, have had their day. Croton oil and opium pills were at one time pronounced to be nearly infallible. Bloodletting I saw at one time employed; it is now entirely abandoned. A Madras surgeon found carbonate of soda wonderfully efficacious, as if to neutralize the acid of the Austrian cure. Ether and chloroform were immediately seized on, not only to allay the spasms, but to cure the disease. One surgeon recommended to the service the practice of parboiling his patients, but lived to abandon the procedure. The cold sheet, whether dipped in plain cold water, as in Bombay, or in an acid solution, as in Bengal, has been considered to work wonders. Quinine was recommended to the public, and immediately the newspapers were filled with the accounts of cures worked by the indigo planters by means of it. Nitrate of silver has been recommended here as in France, and may deserve a more extended trial. On the ground that, as an absence of bile from the evacuations was the great characteristic of cholera, its restoration must be the great remedy, ox gall was recommended—and tried." Among all these remedies, adds Dr. Macpherson, "I can scarcely say that any one is an important addition to our stock, except perhaps chloroform."

This passage was often in my mind in the early part of this winter, when men's minds were agitated by the presence of cholera in Southampton and other places. You must all remember how not only the professional journals, but the daily newspapers also,

teemed with "cures" and "remedies" for cholera. One gentleman thought he had made a great discovery in hot mustard baths, and announced it in *The Times* with an honest confidence that somewhat surprised others as well as myself. The truth is, that seeing how prominent a symptom low temperature is in this disease, attempts to stimulate the surface and restore the circulation in this way were amongst the earliest remedies that occurred to the minds of physicians—first in India, and subsequently in this country. I well remember that all the places set apart in Edinburgh for the reception of patients, on the occasion of the first epidemic, were fitted with every conceivable means for applying both dry and moist heat. The extract given above from Dr. Macpherson shows that in India the "parboiling" system has had its advocates; and hundreds of living Indian practitioners can testify to the futility, to say the least, of this method, even when mustard has been added to give more activity to the measure. My colleague Dr. Davidson, Assistant Professor of Pathology at Netley, assures me that he has seen as many as twelve patients subjected to this method of treatment in one night at Peshawur. I wish I could say that only negative results have been obtained; but it is not so. In any but the trifling sort of cases in which this remedy was used in Southampton, it is not only a useless, but a highly dangerous remedy. To take a man in the collapsed and pulseless stage of cholera out of the horizontal posture, where alone there is a hope of safety, and to plunge him in this condition into a bath heated to the highest bearable temperature short of absolute scalding, to which mustard in large quantities has been added to make it more stimulating, is, in my judgment, about the surest method that can be taken to exhaust the little remains of vitality left. Experience has abundantly proved this, for so many men have perished in this way actually in the baths that the practice thus urged on the attention of the public as novel and efficacious has long since been abandoned in India. The novelty to me was not the treatment, but the explanation of the *modus operandi* of the remedy. How mustard and hot water, used in this or any other way, can "aërate the blood in the capillaries," I do not understand, and therefore cannot explain.

Dr. Chapman has urged his treatment by

the application of ice to the spine with much earnestness on the profession, on the following theoretical grounds. "1st. That the primary cause of cholera is, as a general rule (liable to exceptions which will be indicated), the excessive heat of hot climates, and of temperate climates in the summer when cholera prevails. 2d. That the proximate cause of cholera is of precisely the same nature as that of summer or choleraic diarrhoea;" that is, as Dr. Chapman has explained in another place, "the dorsal nervous centres and those in intimate connection with them which directly govern the alimentary canal become suffused with blood much more copiously than is natural by the stimulant effects of the excessive external heat in hot climates, and of temperate climates in summer, and most rapidly by the direct rays of the sun on the back of the patient; the result on the intestinal canal being, that the bloodvessels nourishing the tube receive a larger supply of nervous influence from the vaso-motor nerve-centres than before, and hence, contracting more vigorously than natural, cut off to a proportionate extent the supply of blood to, and consequently the nourishment of, the intestinal walls. The bowels thus lose their wonted robustness, and become susceptible of being excited and thrown into excessive or convulsive activity by a stimulus which in their healthy condition would but slightly affect them." This hyperæmic condition of the nervous centres presiding over the bowels is, according to Dr. Chapman, the reason why the bowels, on the addition of the "nervous influence" which causes their peristaltic contractions, expel their contents with preternatural rapidity. In cholera this nervous hyperæmia is more developed, and consequently its action is proportionately more powerful and intense.

Dr. Chapman further regards the muscular debility, tremor, vertigo, impairment of respiration, cold breath, sense of faintness, &c., as due to the extreme hyperæmia of the spinal and sympathetic nervous centres, depriving the capillaries and vessels in all parts of the body of their wonted supply of blood. The rationale, then, of the ice-bag to the spine is that it corrects this hyperæmic condition of the nervous centres, and so restores the system to its normal condition.

I have only to say of this ingenious theory

that if heat acts so powerfully in this way diarrhoea ought to prevail most during the prevalence of the hot land-winds in India, which is certainly not the case. So constantly is high temperature in operation in the plains of India that if heat acts in the way Dr. Chapman supposes, it is hard to explain why cholera should ever be absent from the hot plains at all, and still more so why, without any diminution in temperature, this terrible malady has at various times been dormant for long periods of years. It is a noteworthy circumstance, too, to my mind equally hard to reconcile with Dr. Chapman's theory, that cholera is quite as fatal during a St. Petersburg winter as in the hottest part of Lower Bengal.

I had the pleasure of meeting Dr. Chapman in Southampton when he came down to put his ice treatment to the test of experience, and I had the advantage of hearing him expound his views, at a meeting of one of the Southampton Medical Societies. I took the liberty on that occasion to say that, although I differed materially from Dr. Chapman as to the mode in which the disease is propagated, I would gladly give his method a fair trial; and had the disease appeared in the Royal Victoria Hospital, I was prepared to do so. I do not think that the result of the trials of this method at Southampton were sufficiently extensive to warrant any confident opinion one way or the other. I have had too much to do with cholera to rush into large conclusions as to the effects of remedies in ten or a dozen cases. Every person smitten with the cholera does not, as a matter of course, die; but judging from recent cholera literature, in every case where death does not occur, the fortunate issue is, without hesitation, put down to the credit of the remedies used; and if we have regard to the variety and number of these remedies, to say nothing of their opposite qualities, the result is very puzzling to those who do not reflect on the fact, that a certain number of people recover under every variety of treatment not positively hurtful, and, I may add, quite as many where no "treatment" in the shape of drugs has been used at all. Dr. Chapman has since, I understand, had an opportunity of trying his method on a larger scale in Paris. I am quite prepared to hear that this more full experience has tended to lessen the confidence with which Dr. Chapman was

inspired when I had the pleasure of meeting him here. The powerful action of ice to the spine on the uterus has been pointed out by Dr. Chapman. It was well illustrated in one of the cases of cholera at Southampton. The application of ice to the spine of a woman profoundly collapsed brought on the menstrual discharge, which had ceased for ten or twelve days. This, as Dr. Chapman has himself shown, should be kept in mind, as otherwise in pregnant women unpleasant consequences might result from the application of the ice-bag low down on the spine.

Of all the methods of treating cholera that have come under my notice, the most extraordinary is certainly that which, for want of a better name, I venture to call "the corking-up method." The essence of this plan consists in restraining the evacuation of the rice-water stools by mechanical means; by bandaging, and, it is gravely added, "by plugging the anus!" The author of this ingenious invention is of opinion that if he can only cork our patients up as he would a bottle; all must be well. It does not appear to have occurred to him that once the serum of the blood has escaped into the bowels it may as well be in the chamber-vessel as in the intestine, for all the use it is or can be to the patient. So completely does this fallacy of regarding the mere purging as the essence of the disease underlie this, as it does so many other remedies and modes of treatment, that the author of this hopeful method holds out as one of the advantages of mechanically restraining the evacuations, "that in time they will be re-absorbed!"—i. e., that this poisonous excretion will be again taken into the system to the advantage of the sufferer! Why not treat our patients suffering under typhoid fever in like manner? The diarrhoea in that disease is very "exhausting." Why don't we learn from this gentleman, to cork our patients up, and so obtain for them all the advantages of this "re-absorption"? No wonder the public were stunned and bewildered by the cholera literature of the last three months; no wonder a cry of "no confidence" arose on every side when "doctors" thus "differed," adding to the panic and distrust by promulgating crude, contradictory, and often irrational modes of treatment.

It would be unprofitable to pursue this

part of my subject further. I wish I could hope that we have seen the last of a practice which is neither dignified nor useful.

I have felt it to be my duty to speak distrustfully of many methods of treating cholera which have lately been urged on the attention of the profession and the public. Many of them, if you will excuse a homely metaphor, are the cast-off clothes of Indian practitioners brushed up to look like new. "Old Indian" doctors know them well, and make a present of them to their new and complacent wearers without a sigh. Well, gentlemen, I know no "cure" for cholera. What is more, I suspect we are never likely to see one. Nevertheless, I believe we shall in time extinguish cholera as we have, in this country at least, extinguished plague. This is one of the certain triumphs that await the slow progress of sanitation. It is probable that a whole generation of obstructions must pass away before even the initiatory steps in this great movement are likely to be taken. We have sanitary commissions in all the great Presidency towns of India; but they are without the necessary authority to act in an effective way, and, in some instances, very notably in Madras, the whole weight of those in power is exercised to obstruct the efforts of the commissioners for the public weal. We are not very much better off at home. Men ignorant or indifferent in such matters abound in high places, and in almost every municipal body in the kingdom trading selfishness and apathy prevail to the detriment of the public health. It is now time for me to point out what can be done for the benefit of those who are smitten with this disease. Although I know of no cure for cholera, I am quite sure that, by good and judicious management, we can rescue a great many who, without this, would inevitably perish.

1. You will endeavour to secure for your patients the best hygienic conditions possible under the circumstances in which you may be placed. In India, if that be possible, treat your sick in tents, and avoid overcrowding them.¹

2. It is incumbent on you at the onset of

¹ Dr. Morehead objects to this, but, as it appears to me, without sufficient reason. When cholera prevails in an epidemic form, the ordinary hospital accommodation is not enough for our purpose, without exposing the sick from other causes to great discomfort and peril, to say nothing of other reasons.

any epidemic visitation to look a little ahead, and so to arrange the duties of your attendants and assistants as not to exhaust their strength and energies in the first few days. I have seen great mischief and confusion result from want of attention to this. The first sufferers who come in under such a system are well cared for; while those who come last are neglected from inability on the part of the attendants to hold out any longer.

3. The next point is to have arrangements made, first, for the disinfection; and, secondly, for the removal of the excretions of the patients. If this be not done, the tents or hospitals, if a large number of patients are under treatment, will soon be filled with bed and body linen saturated with cholera discharges. The attendants, unless prevented, will empty the vessels containing the stools as near to the tents or hospital as they dare. As a disinfectant, Dr. Budd, of Bristol, proposes chloride of zinc; but, whatever the agent, disinfected they should be, and on no account ought the evacuations of the sick to be emptied into the latrines or waterclosets used by the healthy. They should be buried in deep pits strongly charged with disinfecting agents. All soiled linen should in like manner be disinfected, and then plunged into boiling water outside the building or tent. The last case of cholera that occurred in the garrison at Malta, in the late epidemic, was that of a woman who had stolen a *chemise*, the property of one who died of the disease. She put on this fatal shirt, probably soiled with discharges, and certainly unwashed, many days after the death of its former possessor, took the disease, and died. I mention this instructive fact on the authority of a letter from my friend Inspector-General Anderson, principal medical officer at Malta.

4. The next point is to look well to what Sydenham would have called the "constitution" of the epidemic with which you have to do. I have never seen any two exactly alike. At one time you will see the majority of the cases characterized by vomiting, excessive purging of rice-water stools, with distressing cramps; at another, you will find cramps absent. Again, you will observe that there is little purging, but excessive action of the skin; or (most fatal form of all) little purging, vomiting, or exudation from the skin, the sufferers dying

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almost before there is time for any of the well-known symptoms to be developed—the disease, as Magendie expressed it, “commencing with death.” Nothing can more clearly show how futile it is to expect a cure by merely “restraining the evacuations;” for, as I have just explained, the most fatal form of the disease is that in which there are no evacuations at all.

5. When first I went to India it was a common practice to withhold water, especially cold water, from cholera patients. A cruel and pernicious proceeding. The objection was, that it increased vomiting, and so exhausted the sufferer. Following the routine of the day, I have acted in this way; and I was taught by personal experience the folly of this article of prevailing medical belief. When a person has been drained by an hour or two of rice-water purging, the desire for water is urgent—instinctive: the system craves it as the “hart panteth for the water-brooks.” Do not, then, be guilty of the cruelty of withholding water; give it often, and give it cold. Hot drinks are not relished by cholera patients. There is no necessity to give large draughts; but let not the fact that a portion of almost every supply is vomited lead you to withhold it entirely. If you have a supply of ice at hand, let your patients have as much as they please. I never saw a cholera patient to whom ice was not grateful.

6. Is it a judicious measure to apply heat externally; to cover your patients up with blankets; to stimulate the surface with counter-irritants, mustard, turpentine, and such like? Well, I have done all these things, and seen others do them again and again. Yet I question whether much is gained by them. I am quite sure that they are very distasteful to nine patients out of ten. But you will say, Patients are not good judges of what is good for them. Perhaps not. Still, I think physicians gain something in many diseases by attending to the instinctive promptings of their patients. I know it is so in the matter of drink in cholera; and I think in the matter of clothing and external heat we should follow this rule—where they are grateful to the patient they should be used, but, according to my judgment, they ought not to be persisted in if the reverse. I have not seen many cases of cholera in England, but I think I have observed greater tolerance of

“blanketing” than in India. In Asiatics, the dislike to anything of the kind in this disease is universal. Mustard poultices are almost invariably applied to the epigastrium in cholera, and also to the calves of the legs. Sometimes they are beneficial; I do not think they can be hurtful.

7. Cramps are best relieved by the use of chloroform, given in doses of five or six minims in a little water; and if vomiting be excessive, a little may be sprinkled on a pad of lint covered with oiled silk or gutta percha tissue, and applied to the epigastrium; or spongio piline may be used for the purpose. I have used chloroform in this way, both externally and internally, very freely, and always with good effect. I have also seen a large dose of an alkali, the sesquicarbonate of soda or the bicarbonate of potash, instantly relieve the spasms, as well as mitigate vomiting.

8. No remedy has been more used, I should rather say *abused*, than opium. Most Indian practitioners have abandoned it as treacherous and dangerous. I must earnestly caution you against its use. In the stage of collapse, if it is retained, it is, it must be, useless. But when reaction sets in, the opium, previously inert, begins to act, and is at once a serious hindrance to the restoration of the secretions, and, if the quantity given has been large, often hastening on cerebral symptoms ending in coma. These are its dangers, without, so far as I know or could ever discover, a single compensating advantage.

9. What of astringents? No class of remedies have been more used in cholera. The great anxiety has ever been “to restrain the evacuations.” Yet I am persuaded that the mere purging rarely kills; and, as I have already said, in the most fatal form of cholera there is no purging, or very little. Graves recommended acetate of lead with opium, and this combination has been more used than perhaps any other remedy in cholera. Sometimes capsicum is added by way of a stimulant. Here, again, we are met by the old difficulty: what service can we expect from such combinations during the condition of collapse? Very little, I fear. And what is likely to be the action of large quantities of this powerful sedative during the stage of reaction? Will it aid or embarrass the struggling system? Again, supposing the remedy to be retained and to act, how far do we benefit the patient

by controlling the purging? I don't believe that cholera is caused by "hyperæmia of the nervous centres from heat." If this hyperæmia be present, there is something else present also, some *materies morbi*, some subtle poison—what, I know not, I do not pretend to know. If it be the case, as so many suppose and as I believe, that this poison is in part at least eliminated in the intestinal canal, how far do we benefit our patient by restraining it? I have ridiculed the attempt to secure this object by mechanical means; will the use of astringent drugs stand the test of argument any better? But then experience has sanctioned them. Alas! I have had much experience, and I am sure that I was more successful, as a rule, when I withheld them. Still, there are cases where some astringent is necessary. Granting that the purging within certain limits is salutary, it may go on to such an extent as to lower the patient hopelessly. In such cases an effort must be made to restrain it. Acetate of lead should then be used, in solution, but without opium. In such cases pernitrate of iron, in full doses, might be tried. My friend Surgeon-Major Mudge, of the Madras Army, made a trial of turpentine in egg emulsion with an aromatic, and in a number of cases found it more than answer his expectations. The sufferers in whom Dr. Mudge tried it were all Asiatics. It does not seem to have caused vomiting or even nausea—the objection to which we might expect to find it open, as turpentine is generally a nauseous medicine. In one epidemic I found nitrate of silver exceedingly useful as an astringent in excessive purging, particularly, as I noted at the time, in children; some of my native pupils used it extensively during the same epidemic in the great native city of Hyderabad, and with so much success as to gain for themselves considerable reputation. I used it again the following year, with disappointing results—another proof of the "varying constitution of epidemics."

10. Calomel has been used to fulfil every indication in turn, according to the peculiar belief of the prescriber. Some give it as a purgative, others as a sedative, not a few "to stimulate the secretions." I have seen it given as a cure for vomiting. Then we have a pretty numerous class who give it for no reason in particular. Calomel is the trump card in their hands: so like good whist-players, "when in doubt," as men

are apt to be in dealing with cholera, they "play trumps"—they give calomel. I have seen it given in every conceivable way, and for every possible or impossible end: in grain doses every hour or half hour, and by heroic practitioners in scruple doses again and again. But, gentlemen, it is the old story. Calomel is of no use during the stage of collapse; but by-and-by, when the powers of life begin to revive again after the shock is over, the first thing the system has to deal with and to dispose of is twenty or thirty grains of calomel. What results! Very often vomiting of that "green paint-looking matter" of which I spoke appears, and you know how hard it is to stop that: or bilious diarrhoea is excited, which soon brings the case to an end. At the best it disturbs the stomach and interferes with nutrition. At such a time Nature needs the helping hand of the physician to sustain and assist her in the life and death struggle, instead of being searched and goaded by powerful drugs, prescribed no matter with what intention. Called to see a case of cholera a few months ago, I found calomel in combination with opium being "poured in" every hour. I ventured respectfully to ask the reason why; the patient being in a state of collapse, the medicine was accumulating in the stomach like water behind a barrier. "What," I asked, "do you expect will be the action of all this calomel when the barrier gives way, when the functions begin to be restored?" The prescriber was not very sure, thought perhaps it might have "a cholagogue action—stimulate the bile." I might have asked, Is it not conceivable that Nature will do this herself? And why not stimulate the kidneys as well? Why concentrate all your attention on the bile? Is the biliary more in abeyance than any other secretion? and so on. I do not think these are impertinent questions. I recommend you to put them to yourselves when you are tempted in moments of doubt to prescribe as D'Alembert said we sometimes do—using physic as a strong but blind man uses a club in a crowd, hitting friend and foe with equal impartiality.

11. *Stimulants*, both of a medicinal and alcoholic kind, have been much resorted to in cholera, and very naturally. The prostration of the powers of both circulatory and nervous systems is so extreme that we cannot wonder that strenuous efforts have been

made to rouse and to sustain them by the free use of remedies of this class. Yet I think that those who have used them most if observant and candid men, must admit that they have not answered their expectations; and at least all must allow they require to be given with a cautious hand. They are useful, as I shall presently show, when given at the proper time and in the right way. I do not think that they are of any use during the stage of collapse, when at first sight they might appear most appropriate.

We have thus examined the therapeutic value of the remedies that have been most used in cholera. The result is not encouraging. I may say I have tried most of them, and the above is the result of my experience. You will perhaps say—Do you then advise no treatment in cholera at all? Well, I can only say that in the collapsed stage I know no drug worthy of the smallest confidence. Must we, then, abandon our patients to nature, and do nothing? Must we suffer them to die without an effort to save them? My answer is, that efforts of the kind described above are futile; your remedies are either vomited, or, if retained, are inert, and if given, as they often are, in excessive quantities, they become a serious source of embarrassment, interfering above all with nutrition. If opium, the preparations of lead, or calomel, have been abstained from, Nature, in the stage of reaction, starts, so to speak, fair, which I am sure is not the case when weighed with one or other, or, as I have often seen, with all the above. Because I objected to bleeding intemperate old soldiers of twenty years' service in tropical and malarial climates, taking blood away to the extent of upwards of a hundred ounces when suffering from *peri hepatitis*, I was called the other day "the Micawber of medicine," the gentleman who waits to see "what will turn up." Well, I don't object to the name in the least; I had rather be the "Micawber" than the "Sangrado" of modern medicine. The more I have "waited" upon Nature, the less I have attempted to force her, the more I have found that "something" is pretty sure to "turn up" to the advantage of my patients. Very notably has this been the case in cholera. Some—unfortunately a great many—patients in severe epidemics will die, but such cannot be saved by pouring drugs

into them in the collapse of this terrible disease.

Suffer me to recapitulate. Secure the best hygienic conditions possible for your patients; avoid crowding them; give abundance of water to drink and ice to suck; correct cramps and inordinate vomiting by the internal and external use of chloroform; apply external warmth and extra bedclothes if these are grateful to the patient, but if they make him restless do not press them. If the cuticular discharge is excessive, wipe the patient dry from time to time, disturbing him as little as possible. If vomiting be not excessive, and if the remedy does not excite it, ten drops of the mixture I have recommended in the premonitory diarrhoea may be given from time to time, chloroform being substituted if vomiting be urgent. As soon as vomiting ceases, you must support the patient by proper nutriment. At first I begin usually with thin arrowroot, well boiled, and flavoured with a little aromatic. I give this, commencing with a teaspoonful at a time, giving every now and then a teaspoonful of brandy in it, never over-distending the stomach. Instead of water, I now quench thirst with milk containing a little lime-water, and flavoured, if it be at hand, with a few drops of curacao. This may be often given to the patient with a little soda-water. As reaction proceeds, I substitute strong beef-tea, or, better still, essence of meat, using it in the same cautious way—spoonful by spoonful at proper intervals; later still, eggs beat up with a little brandy, and flavoured as before with curacao, is often relished. The greatest caution is required not to disgust the patient, not to re-excite vomiting, not to over-stimulate, and so to bring on cerebral symptoms during the febrile reaction. When patients are thus carefully nursed, it is seldom that reaction is excessive. Nothing but mischief may be expected from over-anxiety to hasten forward convalescence by too freely pressing food and stimulants on the patient. It requires a great deal of drilling and care to get orderlies and half-instructed nurses to understand this; and many cases go wrong from their over-anxiety to press both on those under their care. In a word, the treatment of cholera may be summed up in two words—*good nursing*. The difficulty is to obtain this when an epidemic rages. The man who in

such scenes maintains his presence of mind, preserves order, regularity, and good hospital discipline, and so arranges as to secure to each patient a fair amount of this good nursing, will save a larger proportion of cases than by any other method with which I am acquainted. What I recommend to others I followed in my own case. When struck down by this disease, I took no drugs. I experienced the burning thirst I have described; but instead of tormenting myself by abstaining from fluids, I drank freely of iced soda-water, to my infinite comfort and refreshment. When I vomited, which I did often, I drank again. A faithful servant, my only doctor, sat by me, and when too feeble to do more than express my wants by a gesture, replenished my cup again and yet again. I vividly remember the resolution then formed, and never since departed from—to do unto others as had been done unto me; never to withhold a cup of cold water from a cholera patient. With daylight came a kind and judicious medical friend, who, instead of goading me with physic, sustained me with food, much in the manner I have advised in this lecture. With the result I had and have every reason to be satisfied and thankful. Dangerous reaction—i. e., high fever, with cerebral symptoms and coma, I have seen; but only when Art, coming not to aid but to thwart Nature, has interfered with her eliminatory processes by the too free use of opium, astringents, and such like remedies. In such cases we must have recourse to free purgation by calomel, apply ice to the head, and restore the action of the skin by the wet-sheet cold sponging, and the like. When the secretion of urine is long delayed, I have seen good result from the free use of chlorate of potash, and the application of turpentine stupes over the region of the kidneys.

Note.—Since the above lecture was delivered, I have seen and read with pleasure and profit Dr. George Johnson's "Notes on Cholera." This able physician has been led to much the same conclusions as to the action of most drugs in cholera as are expressed above. Dr. Johnson puts more faith in the action of purgatives than I can do; for, like every known class of drugs, they have been freely used in India. I sincerely trust that Dr. Johnson may never see so many cases of cholera as I have done; but I cannot help thinking, should it be otherwise, that he will see cause

to believe with me that, in a vast majority of cases, there is quite enough purging without artificial aid. Still, for my own part, if again smitten by cholera, let me rather fall into the hands of a *purging* than an *astringing* physician—one who thinks he does you service by retaining what Nature is so solicitous to expel from the system.—*Lancet*, Feb. 3d and 17th, 1866.

Cholera on Board the National Steam Company's Steamer England.—The *Lancet* of April 28th contains the following account of the cholera on board this vessel, derived from a letter from the captain to the Secretary of the Company. The *England*—Capt. Grace—sailed from the Mersey on the 28th of March with 37 cabin and 1059 steerage passengers, and a crew of 122 men: in all, 1218 souls. The steerage passengers consisted chiefly of Germans, the majority of whom were from Holland (East Frieslanders), and amongst them were a great number of children. These people were of the lowest class, extremely dirty in their habits, all dressed in lincey-woollen clothing, and their diet consisted almost entirely of the sour kraut that they had prepared before sailing; they actually refused the food provided for them on board the vessel. The captain writes that some days after leaving Queenstown the cholera broke out amongst them; that in two days it began to spread fearfully quick, first amongst the steerage passengers, then amongst the crew, especially the firemen, four of whom, and the steerage steward, quickly succumbed. The captain made for Halifax as the nearest port, there, if possible, to check the spread of the disease. On the 13th of April, when he wrote, 140 deaths had occurred in the steerage, none in the cabin; but he adds, "they are still dying rapidly: some 50 more are dying now, and how many more will die God only knows." On arriving at Halifax the sick were at once removed, some to tents on shore, and others to a Government hulk lying near. These are all the particulars that are yet known. The *England* is one of the finest vessels belonging to the Company, is nearly new, of 3307 tons burden, and registered to carry 1100 passengers.

Cholera at Liverpool.—Two or three portentous facts stand out in the history of the cholera which has broken out on board the

German emigrant ships. One is the existence of an European population so filthy, debased, and brutalized, as is described in the letters of our Liverpool correspondents. More serious still is the length of time between their departure from the Continent, and the outbreak of the cholera; for it is thus shown that passengers apparently healthy may carry cholera in their persons, clothes, or baggage. As to the dirty habits of the emigrants, they are described in the following terms by the highest sanitary authority in Liverpool:—

"I have asked the Medical inspector of emigrants, and one of the chief managers of the National Navigation Steam Company, about the condition of the passengers on board the *England* when she left this port. Both these gentlemen concur in saying that there was no appearance of sickness or of debility among them; but the manager states that the emigrants by the *England* were the dirtiest of the whole lot which have been passed this year. If he be correct, the statement is important, for the Dutch and Germans on board the *Helvetia* are the dirtiest people in their habits whom I have ever seen. The surgeons assure me that not unfrequently they rinse out with water the pan used for the reception of the excrement and urine of their children, and then employ it as a cup for drinking and for their dinner mess; and no power or persuasion will prevent them leaving their dejections on the floors, the bedding, or the clothes. The water of the *England*, and, indeed, of all the ships sailing from this port, is supplied from the same source as the town itself. One of the chief passenger brokers of the people conveyed by the *England* says that the greater number of them came from South Germany and Switzerland, and merely passed through Rotterdam and Antwerp. The whole system by which these unfortunates are picked up, or rather trepanned, in Germany, and, for a fixed sum of money, hurried through to the ocean steamers for America, is very blamable, and should be placed by the several governments under regulations and restrictions."

The latest report from Liverpool states that cholera has appeared amongst the Germans or Dutch who have been removed from the *Helvetia* to the dépôt at Birkenhead. The father of the child who died last week is stated to be ill of cholera in

the workhouse; and five deaths from the disease have occurred on board the Hospital ship *Jesse Munn*. Seven more cases were under treatment on board the same ship. The town is flooded with Dutch and German immigrants. All the lodging houses are full, and 200 had to be accommodated by the parish authorities on Tuesday last. These people mostly arrive at Hull from Hamburg and Rotterdam, and it seems clear that if quarantine measures are to be of service, it is at Hull they must be put in force. It is proved that a mere medical examination is no safeguard. Detention of the apparently healthy may seem a harsh measure, but it is the only one which can be relied on, and the facts of the present importation seem amply to justify it.—*Med. Times and Gazette*, May 12, 1866.

Cholera in New York City.—The first pronounced but probably the second case in reality of cholera, occurred in this city on the 30th ultimo. We are led to be thus qualified in our statement, since the fatal case in Delancey Street, reported some weeks ago by the physician in attendance, although still in controversy, had symptoms equally well marked. But be this as it may, the case to which we have alluded in the first paragraph, occurred in the person of an industrious Irishwoman, aged thirty-five years, who occupied, in common with two other families, a frame house, not noted for the salubrity of its immediate surroundings, upon the east side of the Third Avenue, between 92d and 93d streets. The building is situated upon a high bluff, swept by breezes from off Ward's Island, in which certain, or according to some observers, merely alleged choleraic cases occurred during the period extending from the latter part of last November to the close of the succeeding month. According to the report of the *Daily Times*, this woman, "just before she became ill, had with her own hands cleaned out the privy belonging to the house, and had used the contents as manure in planting potatoes in the garden." At noon, although feeling somewhat indisposed, she partook of a frugal dinner, complained of pains about 3 P. M., was in a state of collapse at 4 P. M., and died on the 1st inst., at 11 A. M. An autopsy revealed a general healthy condition of all the organs except the stomach and intestines, in which "the rice-water secretions" were abundant.

Joshua Jenkins, aged seven months, a son of the above, died at the Battery barracks, on the 4th instant, of the same disease.

Another case made its appearance, on the 2d instant, at 115 Mulberry Street, in a five-story, double tenement house, through the centre of which runs a hall four feet wide. The rooms measure fifteen feet by eleven, and the bed rooms attached, each about eleven by seven, with one small window apiece. These windows, on the side of the house adjoining No. 113, open into a recess seven feet by two feet, which exists between the two houses. "This recess," to quote the language in full of Dr. Southack, from whose report we have condensed the above description of the premises, "is in a most filthy condition. Slops and offal from both 113 and 115 are freely thrown there, and the inhabitants bitterly complain of the odour arising therefrom. The lower windows on the side adjoining 117 Mulberry also open into a recess between the two houses. This is also in a vile condition; so much so that the inhabitants in some of the rooms have nailed up the windows permanently to escape the stench."

Add to this the custom borrowed from untutored animals confessedly low in the scale, of depositing feces in the halls, and the picture of this haunt of the lowly may be pronounced complete.

Thus the patient, Kate Dooley, aged 35 years, who had been whitewashing on the 1st throughout the entire day, after a repast upon some bread and meat at 3 P. M., was surrounded by the very influences to invite the vomiting and purging which seized her the next day at 2 o'clock A. M. She, however, rapidly recovered.

Efficient sanitary measures have been adopted to arrest the spread of the disease, which, in these instances at least, is not traceable to any violations of quarantine laws.—*Medical Record*, May 15, 1866.

Cholera in Germany.—A letter from the Grand Duchy of Luxembourg says: "The greatest alarm prevails throughout this district, owing to the dreadful ravages made by cholera at Diekirch and the surrounding villages. Between the first and the third the deaths amounted to 100 out of a population of only 2000 souls. All the means hitherto employed to arrest the progress of the epidemic have been in vain. To purify

the air large fires have been made in the street, and the houses inundated with chloride of lime, but without effect. All who can are leaving the place. The disease made its first appearance at Clemenci, near Arlon, to which village, according to report, it was brought by a workman from Paris. It soon spread to Mamer, Erich, Dommelange, Weimerskirch, Luxembourg, and Diekirch apparently following the water-courses.—*Brit. Med. Journ.*, April 14, 1866.

Quarantine and Cholera.—The tendency of professional men in this country [England] to repose less and less faith, or altogether to disbelieve in the efficaciousness of quarantine as a defence against cholera has been rudely shaken by the circumstances attending the diffusion of the disease since the beginning of 1865. In some instances the pestilence is known to have been taken on board ship at Alexandria, to have been carried in an active state over hundreds or thousands of miles of sea-route, to have been landed in a seaport town in another country, and there to have assumed a formidable and most fatal development. In other instances the outbreak of the malady in coast towns of Europe has been preceded by events which could leave little doubt that the disease had been imported amongst their population in a like manner and from the same source. Finally, the whole history of the progress of the epidemic, from its point of origin to its extreme limits of dispersion, indicated the dissemination of the disease from Alexandria to the shores of the continent in the first place, and its subsequent extension from the centres of infection thus set up.

The appearance of the malady at Southampton last autumn, and the recent importation of cases into this country from Rotterdam, as well as transmission of the cholera-poison across the country to receive a deadly development out at sea and in the ports of the New World, have seemingly clinched the lesson taught by the previous progress of the epidemic, and awakened a serious doubt of the wisdom of that want of faith in quarantine which has grown among us.

If quarantine were an abstract question, it might well be believed, in face of the present epidemic of cholera, that preventive medicine in this country had overreached itself and fallen disgracefully. But quarantine is a practical subject, and it must be

judged entirely by its results. Now these, in the recent diffusion of cholera, differ in nowise from the results observed in previous migratory epidemics of the disease. Quarantine, as practised in the Mediterranean and the Black Sea, has not offered any impediment to the spread of the epidemic. It has proved almost solely, as in previous outbreaks, a means of official exaction and commercial loss. The asserted exemption of Sicily and Greece from the epidemic is unfortunately of little value. There is no trustworthy evidence to show that the exemption arose from the stringent quarantine maintained against infected ports. Cases of cholera are known to have been brought into Greek and Sicilian waters, and not to have spread beyond the lazarets. But cases of cholera are equally known to have been imported into sundry coast towns and well-populated districts elsewhere irrespective of quarantine (Trieste, for example), and the disease has not extended. The one series of facts must be read with the other.

In 1859, when cholera prevailed widely in Western Europe, numerous cases of the disease were imported into our eastern seaports. There were also slight local outbreaks at Wick, in Caithness, and Glass Houghton, in Yorkshire, but the malady did not spread, although no quarantine was maintained.

An attentive study of the diffusion of the present as of previous epidemics shows that the difficulties in the way of excluding the disease from a country are, for the time being at least, insuperable. This is proved in a remarkable manner by the circumstances attending the outbreak of the disease on board the emigrant ships *England* and *Virginia*, and the case imported into Bristol a fortnight ago. The first news of the appearance of cholera in Rotterdam reached England on the 22d ult. On the same day a sailor landed in London (probably from the steamer bringing the news), who, in the course of the day, while journeying to Bristol, was struck down with the disease. He died the next morning. Three weeks before, a body of emigrants, coming from Holland by way of Rotterdam, had traversed the kingdom from Hull to Liverpool. They were laden with cholera-poison, as their subsequent history on board the ship *England* clearly shows. Other emigrants also followed, burdened with the infection. In fact, a stream of cholera carriers had poured

into this country before the least suspicion existed here, or even in Rotterdam itself, that the disease was being developed, and on the eve of breaking out in Holland.

In like manner the diffusion of cholera from Alexandria to Europe, last year, had taken place, and the disease had effected a lodgment on the shores of the continent before it was known to exist in Egypt, or contemporaneously with the first news of its appearance there.

It seems impossible to devise any trustworthy measures by which such insidious but all-important migrations of the epidemic could be successfully met. Practically our efforts must be limited to the prevention of a multiplication of foci of infection by the importation of cases from without.—*Lancet*, May 12, 1866.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association. Abstract of the Proceedings at its Seventeenth Annual Session held in the City of Baltimore on the 1st, 2d, 3d, and 4th of May, 1866.—The Association convened at Concordia Hall in the city of Baltimore on the first of May; the President, Dr. D. HUMPHREYS STORKE, in the chair.

Dr. C. C. Cox, on behalf of the Committee of Arrangements, gave a warm welcome to the Association in a neat address. Dr. Cox then offered several documents exculpating Dr. M. A. Pallen, of Missouri, from charges brought against him at the meeting in Boston and for which he had then been hastily expelled. These documents were referred to the Committee on Medical Ethics, who subsequently reported as follows, which report was adopted:—

The committee to whom were referred the papers in relation to the expulsion of Dr. Montrose A. Pallen at the meeting of the Association in Boston, respectfully report:—

That they have examined the documents and evidence referred to the committee, embracing papers indorsed by Gen. U. S. Grant, the Vice Consul of the United States at Montreal, and many citizens of Missouri, and are fully satisfied that the statements on which his expulsion was based were entirely unfounded; and, therefore, regretting the injustice done, both to

Dr. Pallen and the Association, we recommend the following resolution:—

"Resolved, That the preamble and resolution adopted by the Association at its annual meeting in Boston, June, 1865, expelling Dr. Pallen, be hereby rescinded; and that Dr. Montrose A. Pallen be restored to his previous membership in the Association."

The President, Dr. Storer, delivered the annual address, the subject of which was Specialities in Medicine. It was an exceedingly able one, and commanded the most respectful attention. The thanks of the Association were tendered to him therefor, and a copy requested for publication.

The following standing committees presented their reports, which were disposed of as follows:—

On Quarantine—Dr. W. Jewell, of Pennsylvania, chairman, reported progress and was continued.

On So-called Spotted Fever—Dr. J. J. Levick, of Pennsylvania, chairman, presented a report which was referred to the Section on Practical Medicine and Obstetrics.

On Tracheotomy in Membranous Croup—Dr. A. N. Dougherty, of New Jersey, chairman, the subject was referred to the Section on Surgery.

On Rank of Medical Corps in U. S. Army—On motion of Dr. Cox the subject was referred for discussion to the Association in general session.

On Alcohol and its Relations to Man—Dr. G. E. Morgan, of Maryland, chairman, presented a report which was referred to the Section on Hygiene.

On Progress of Medical Science—Dr. J. C. Smith, of New York, chairman, reported progress, and was continued.

On Diphtheria—Dr. H. D. Holton, of Vermont, chairman, made a report which was referred to the Section on Practical Medicine.

On Comparative Value of Life in City and Country—Dr. E. Jarvis, of Massachusetts, chairman, reported progress and was continued.

On Drainage and Sewerage of Cities—Dr. W. Jewell, of Pennsylvania, Chairman, reported progress and was continued.

On Disinfectants—Dr. E. M. Hunt, of New Jersey, presented a report which was referred to Section on Hygiene.

On Compulsory Vaccination—Dr. A. N. Bell, of New York, Chairman, reported

progress and the subject was referred to the Section on Hygiene.

On Causes and Pathology of Pyæmia—Dr. J. J. Woodward, U. S. A., Chairman, presented a report which was referred to the Section on Surgery.

On Use of Plaster of Paris in Surgery—Dr. J. L. Little, of New York, Chairman, reported progress and was continued.

On the Etiological and Pathological Relations of Epidemic Erysipelas, Spotted Fever, Diphtheria, and Scarlatina—Dr. N. S. Davis, of Illinois, Chairman, presented a report which was referred to the Section on Meteorology, etc.

The committees on Ligature of Subclavian Artery—on Milk Sickness—on the Relation which the Doctrine of Correlation and Conservation of Forces bears to the Physiological and Pathological Condition of the Human System—On the Effect of Civilization on the Duration of Human Life—on Strangulated Hernia—on Meteorology, Medical Topography, and Epidemics failed to report.

The report of Dr. S. Littell, of Pennsylvania, on the Relations which Electricity Sustains to the Causes of Disease presented at the last meeting was referred to the Section on Hygiene.

The following voluntary communications were presented and disposed of as follows:—

On Luxation of the Hip-Joint—By Dr. L. A. Sayres, of New York, referred to the Section on Surgery.

On Extirpation of the Uterus, and also one on the Clamp Shield, an instrument designed to lessen the danger of extirpation of the uterus by abdominal section—By Dr. H. R. Storer, of Massachusetts, referred to the Section on Surgery.

On Impurities in Water Pipes—By Dr. J. C. Draper, of New York, referred to the Section on Hygiene.

On Permanganate of Potassa as a Purifier—By Dr. Craige, D. C., referred to the Section on Hygiene.

On a New Apparatus for Fractured Patella—By Dr. J. M. Boissot, of Pennsylvania, referred to the Section on Surgery.

On Local Anæsthesia, and one on Paralysis of the Vocal Cords and Aphonia—By Dr. J. S. Cohen, of Pennsylvania, which were referred to the Section on Practical Medicine.

On Aluminium in Dentistry—By Dr. A. Mason, of Massachusetts, referred to Section on Chemistry.

On Extirpation of Lower Jaw—By Dr. W. C. Enos, of New York, referred to Section on Surgery.

On Lithotomy—By Dr. J. C. Hughes, of Iowa, referred to Section on Surgery.

On Periosteal Flap Amputations—By Dr. McGee; and one on Diagnosis of Diseases of the Larynx—By Dr. Elsberg, of New York, both referred to the Section on Surgery.

The reports of the Committee on Publication and of the Treasurer were read and accepted.

On motion of Dr. W. Hooker, of Connecticut, it was unanimously

Resolved, That no report, or other paper, shall be presented to this Association, unless it be so prepared that it can be put at once into the hands of the Permanent Secretary, to be transmitted to the Committee of Publication.

Dr. C. A. Lee, of New York, presented the report of the Standing Committee on Medical Literature.

Dr. Brown-Séquard gave a lecture on the Treatment of Functional and Organic Diseases of the Nerves, and the thanks of the Association were presented to him for his interesting, able, and eminently practical lecture, and he was requested to furnish an abstract for publication.

In accordance with the report of the Committee on Prize Essays, the first prize was awarded to Drs. W. F. THOMS, of New York, for his Essay on Health in Cities, and the second prize to Dr. S. R. PARCER, of New York, for his essay on Digitaline.

The committee reported that they had also received a valuable paper on *Angular Curvature of the Spine*, the author of which through an inadvertent violation of the rules had lost the right of competing for the prize; the committee, however, laid the paper before the Association, and recommended its reference to the Section on Surgery to determine the propriety of its publication, which recommendation was adopted.

On motion of Dr. Taylor, of Iowa, a resolution was adopted for the appointment by the President of the Association of a committee consisting of one member from each State to memorialize Congress for an

appropriation to publish the reports and documents of the Surgeon-General of the United States.

Appropriate resolutions were adopted expressive of the profound regret felt by the Association at the loss which they had sustained in the death of their associates, Drs. James A. Couper, of Delaware, Joseph Mather Smith, M. D., of New York, and Prof. D. L. McGugin, of Iowa.

Dr. Maybury, of Pennsylvania, on behalf of the Montgomery County Medical Society, of the State of Pennsylvania, presented a preamble and resolutions expressive of regret that some of the professors in medical colleges in their State have kept aloof from county medical societies, and expressing their opposition to any college being represented by a professor who is not a member of a county society, which was referred to the committee on Medical Ethics, who subsequently reported recommending a reference of the whole matter to the medical society of the State, which was adopted.

Dr. Worthington Hooker, of New Haven, on behalf of a majority of the Committee on Medical Ethics presented an extremely able, highly interesting, and high toned report on the subject of Specialities in Medicine. A minority report signed by Dr. H. J. Bowditch was also presented. Both were referred to the Committee on Publication.

Dr. Marsden, of Quebec, made a lengthy communication on Cholera, in which he stated his belief in the communicability of the disease and the efficiency of a rigid quarantine in preventing its propagation. This communication gave rise to a considerable discussion, but the Association refused to commit itself as a body to any expression of opinion on the subject.

The Committee on Nominations reported the following officers and committees for 1866-67, which report was accepted:—

President—H. F. Askew, Delaware.

Vice-Presidents—W. K. Bowling, Tennessee; J. C. Hughes, Iowa; H. J. Bowditch, Massachusetts; Thos. C. Brinsmade, New York.

Permanent Secretary—William B. Atkinson, Pennsylvania.

Treasurer—Caspar Wister, Pennsylvania.

Assistant Secretary—W. W. Dawson, Cincinnati.

Committee of Arrangements—Drs. John

A. Murphy, James Graham, R. R. McIlvaine, J. P. Walker Unsicker, William T. Brown, William B. Done, Cincinnati.

Committee on Medical Education—Drs. S. D. Gross, D. F. Condie, John Bell, H. J. Bigelow, Charles A. Pope.

Committee on Prizes Essays—Drs. Francis Donelson, Maryland; J. Simpson, U. S. A.; C. C. Cox, E. Warren, H. C. Van Bibber.

Committee on Publication—Drs. F. G. Smith, H. F. Askew, Wm. Mayburry, W. B. Atkinson, H. R. Storer, Caspar Wister.

Committee on Medical Literature—Drs. A. C. Post, Jas. Anderson, H. D. Noyes, T. G. Thomas, Stephen Smith, all of New York.

Committee on American Medical Nomenclature—Dr. Wood, Delaware; Jno. L. Calender, of Penn.; Jno. Blaine, New Jersey; R. D. Arnold, Georgia; A. Lopez, Alabama; G. Dowell, Texas.

Committee on Climatology—Drs. C. W. Parsons, Rhode Island; P. A. Stackfold, N. H. Thomas, W. Logan, Cal.; R. C. Hamill, Ill.; J. C. Weston, Me.; P. H. Collin, Conn.; H. Jones, W. Thomas Antislle, D. C.; J. W. H. Bake, Iowa; A. Sayer, Mich.; O. S. Mahon, Md.; J. W. Russell, Ohio; D. F. Condie, Penn.; Howard Towneend, N. Y.; U. Harris, Georgia; G. Engleman, Missouri; R. Miller, Alabama; E. D. Fenner, Louisiana; G. Dowell, Texas.

The committee also reported in favour of the next meeting of the Association being held in Cincinnati, Ohio, on first Tuesday in May, 1867, which was adopted.

The following resolution was adopted:—

Resolved, That the Association most earnestly request the medical colleges of the country to hold a convention for thoroughly revising the whole system of medical college instruction for the purpose of establishing more uniformity of time, and a more systematic course of instruction for the whole."

The following committee were appointed to carry out this resolution: Drs. N. S. Davis, Ill.; W. Hooker, Conn.; Geo. C. Shattuck, Mass.; M. B. Wright, Ohio; and S. D. Gross, Penn.

Dr. C. C. Cox presented a report on Rank in the Army, which was referred to the Committee on Publication, and then offered the following resolution, which was adopted:—

Resolved, That the President of this Association bring before the notice of the military committees of both houses of Congress, at as early a period as possible, the present status of medical men in the military service of the United States, and urge upon them that in the army medical bills, under consideration of Congress, the interests of the medical profession shall be so regarded that the medical staff in the service shall, numerically considered, receive the same rank and command as officers in other staffs of the army are justly entitled to."

A committee was appointed on Fractures of the Spine, Dr. Brown-Séquard, Chairman.

On motion of Dr. Garrish, of New York, it was

Resolved, That all the members of this Association urge upon the legislatures of the various States the great importance of making it compulsory that all marriages, births, and deaths be registered."

On motion of Dr. H. R. Storer, of Massachusetts, it was

Resolved, That the Association recommend to the several medical and law schools of the country the establishment of an independent chair of medical jurisprudence, to be filled, if possible, by teachers who have studied both law and medicine, attendance upon one full course of lectures from whom shall be deemed necessary before the medical degree is conferred.

Resolved, That while the Association regrets that the Association of the Superintendents of American Asylums for the Insane has not yet thought fit to unite itself more closely with the representative body of American physicians, it still is of opinion that such union is for their mutual and reciprocal advantage, and that it ought to be effected without further delay.

The constitution was amended so as to increase the annual assessment of members from three to five dollars.

After the adoption of a vote of thanks for the hospitality and courtesy with which they had been entertained in Baltimore, the Association adjourned.

The meeting is said to have been a very interesting one, largely attended, nearly 350 members being present, and the proceedings were of a very instructive character.

In a social point of view the meeting was also highly agreeable. During the evening

of the first day of the meeting a concert was given to the members of the Association by the Committee of Arrangements at Concordia Hall. The second evening was spent at soirees at the residences of some of the members of the profession. On the third evening the members were entertained with a banquet by the corporate authorities of the city at which entertainment were present the principal notabilities of the city. On the last day the Association made an excursion to Annapolis by special invitation of his excellency the Hon. Thomas Swann, Esq., Governor, who gave them a cordial reception and a sumptuous entertainment.

Convention of Representatives of Medical Colleges of the West.—A meeting of delegates from the Medical Colleges of the West, for the purpose of agreeing upon a more uniform rate of lecture fees, was held in Cincinnati, on the 24th of April last. Prof. N. S. Davis, of Chicago, was appointed chairman, and Prof. G. C. G. Weber, of Cleveland, secretary. After a free interchange of views, the following preamble and resolutions were unanimously adopted:

Whereas, the cause of medical education requires the establishment and maintenance of permanent colleges, with all the necessary means for illustration and practical instruction, as well as competent teachers, thereby involving a large annual expenditure of money, therefore,

1st. *Resolved*, That a reasonable demand for lecture fees is required by the best interests both of the colleges and those who patronize them.

2d. *Resolved*, That competition among Medical Colleges, to be beneficial to the profession and the cause of medical science, should be based *entirely* on the ability of those engaged as teachers, and the completeness of their curriculum, with the facilities for practical demonstrations accompanying it, and not on mere pecuniary differences in the cost of attendance; and, hence, the fees charged in all the Medical Colleges, in a given section of country, should be uniform, or so near uniform that the actual cost of attendance in the different colleges shall be practically equal.

3d. *Resolved*, That inasmuch as only a limited number of students can be properly accommodated or educated in any one college each year, any State which, with enlightened liberality, should so endow the

medical department of its State University as to make education therein free, ought to so far regard the interests of the institutions of other States, as to limit the freedom of its instruction to the citizens of its own State.

4th. *Resolved*, That in the opinion of the college faculties here represented, the aggregate annual fees for instruction in each college should be not less than \$105 for each student.

5th. *Resolved*, That a committee of three be appointed to communicate the foregoing views to the faculties of the several medical colleges not here represented, and also to the Regents of the University of Michigan, with a view to the ultimate removal of such obstacles, legal or otherwise, as may be in the way of the voluntary adoption of the sum named in the fourth resolution, or some other sum near it, as a uniform standard of college fees; and to take such measures as they may deem necessary, and report to a future convention called for that purpose.

6th. *Resolved*, That the colleges here represented would, in the opinion of the delegates present, be willing to lengthen their annual lecture terms to six months, if, by so doing, practical uniformity in the standard of fees could be fully secured.

Galveston Medical College. Soule University.—The class in this school during the session 1865-6, numbered 31, and at the commencement, April 4, 1866, the degree of M. D. was conferred on 4 candidates.

Preston Retreat.—The late Dr. Jonas Preston, appropriated by will the larger portion of a valuable estate to the founding of an hospital, in which INDIGENT MARRIED WOMEN OF GOOD MORAL CHARACTER, residents of the City and County of Philadelphia, and County of Delaware in Pennsylvania, could be provided with suitable attendance and comfort during the period of their confinement.

From a sudden fall in the value of the investments, after the hospital building was erected, it was found that there were not sufficient funds to maintain the institution. We are happy to learn that the income of the estate is now sufficient to provide for as many patients as can be accommodated in the large building of the Retreat, and that the Managers have made all arrangements for opening

the house; and patients are now occupying some of the wards.

Application for admission should be made to Dr. Wm. Goodell, Physician in charge, at the Retreat, Hamilton Street between Twentieth and Twenty-first Streets, who can furnish all information in regard to regulations for admission, &c.

Smallpox among the Refugees and Freed-men at Charleston.—We have been favoured with the following report of cases of smallpox treated at the Smallpox Hospital for Refugees and Freedmen, at Charleston, from January 1, 1866, to May 1, 1866.

	Total.	Mild cases.	Confluent cases.	Deaths.
Number of patients treated in this hospital since January 1, 1866, of whom it is not known whether they were vaccinated or not	68	46	22	15
Number of patients known to have been vaccinated successfully prior to the attack	356	174	82	21
Number of patients known not to have been successfully vaccinated prior to the attack	194	29	155	72
Number of cases of second attack of smallpox	4	2	2	1
Total number of cases treated since January 1, 1866, to May 1, 1866	622	251	271	109

No. cases occurring from—				
1 to 5 y's after vaccination	106	82	24	9
5 " 10 " " " "	38	33	5	
10 " 15 " " " "	12	6	6	
15 " 20 " " " "	46	24	22	4
20 " 25 " " " "	19	14	5	1
25 " 30 " " " "	22	10	12	6
30 " 35 " " " "	2	1	1	
35 " 40 " " " "	1		1	
40 " 45 " " " "	1		1	
45 " 50 " " " "	1	1		
50 " 55 " " " "				
55 " 60 " " " "	1	1		

Respectfully submitted,
(Signed), S. C. BROWN, M. D.,
City Physician, in charge of Smallpox Hospital.

GEORGE S. FELZER,
A. A. Surgeon U. S. Army,
In charge of Health Department,
Charleston, S. C.

Health of Philadelphia.—Previously to every epidemic of cholera which has prevailed in this city an epidemic constitution of the atmosphere has always manifested itself in an increase of deaths from bowel

affections. No such condition of things seems to exist at the present moment. The whole number of deaths from cholera infantum, diarrhoea, and dysentery, for the week ending May 26, was only six, in a mortality from all diseases of 238.

Death from Chloroform.—An instance of this has lately occurred in the southern part of the city of Philadelphia. It appears from the evidence at the inquest that the chloroform was given at the request of the patient to produce anaesthesia during the extraction of a tooth, she stating that she had previously taken it without injurious effects. In a minute or two after inhaling the vapour she turned deadly pale, went into convulsions, and soon died. The chloroform seems to have been pure, as the dentist testified that he had given a larger inhalation of the same to a child on the same day. On post-mortem examination all the organs were found perfectly healthy.

OBITUARY RECORD.—It is with deep regret that we have to record the death of Prof. JOSEPH MATHER SMITH, which took place in New York on the 23d of April last in the 78th year of his age. Dr. Smith was a most eminent and sound practitioner, admirable teacher, and a high-minded and honourable gentleman.

—In New Orleans, April 2d, 1863, ANTHONY PENISTON, M. D., late Professor of Anatomy in the New Orleans School of Medicine.

—In New Orleans, December 2, 1863, THOMAS PENISTON, M. D., late Emeritus Professor of Clinical Medicine in New Orleans School of Medicine.

—In New Orleans, April, 1866, E. D. FENNER, M. D., one of the editors of the *Southern Journal of the Medical Sciences*, and well known to the Profession throughout the United States by his numerous valuable literary contributions to medical science.

—At Charleston, S. C., on the 7th of May, 1866, HENRY R. FROST, M. D., Professor of Materia Medica in the Medical College of South Carolina.

—In Philadelphia, May 11, 1866, in the 35th year of his age, CHARLES PENDLETON TUTT, M. D., one of the consulting physicians of the Philadelphia Hospital.

At a meeting of the Medical Board of the Philadelphia Hospital, the following resolutions were unanimously adopted:—

Resolved, that the Medical Board have heard with feelings of profound sorrow, of the death of our colleague Dr. Chas. P. Tutt, from disease contracted in the wards of the hospital.

Resolved, that in Dr. Tutt we always found the polite gentleman, the agreeable associate, the zealous student, and the attentive and skilful practitioner of medicine, always at his post of duty, despite its dangers and responsibilities.

Resolved, that the Medical Board tender individually and collectively to the family of Dr. Tutt our deepest sympathy in their affliction, and assure them that we will always cherish the memory of our deceased associate with heartfelt gratification.

Resolved, that a copy of the above resolutions be transmitted to the family of Dr. Tutt, the Board of Guardians, and that they be published in the medical journals of our city, duly attested by the President of the Medical Board.

ALFRED STILLÉ,
President of the Medical Board.

FOREIGN INTELLIGENCE.

Richardson's Method of Producing Local Anæsthesia.—In our last number, page 77, we mentioned that Cæsarean section had been painlessly performed under the influence of local anæsthesia by Dr. Richardson's method. We now learn that the patient has entirely recovered, and during her convalescence did not suffer from a single untoward symptom. Mr. Spencer Wells and Mr. Braddon have each operated for ovariectomy, local anæsthesia being induced by Dr. Richardson's method. In the latter case it turned out on removing the cyst that the adhesions to the intestines were firm and extensive, so that the operation was tedious and difficult. But wherever the knife had to go the ether spray was directed, and from the first to the last the pain experienced and expressed was almost nil. This anæsthetic method has also been successfully used by Dr. Thorburn for the operation for femoral hernia. The patient made a good recovery.—*Med. Times and Gaz.*, April 28, 1866.

Dr. Richardson's New Method of Applying Caustic and Styptics to Raw Surfaces.—Dr. RICHARDSON has lately described a new method of applying caustics and styptics to raw surfaces, in conjunction with the ether spray. He mentions two hæmostatic ethers,

one prepared by dissolving tannin in absolute ether and afterwards treating it with xyloidine; this he terms the xylo-styptic ether. The other is prepared by dissolving perchloride of iron in ether; this is termed the ferro-styptic ether. He has also invented a caustic ether, by the combination of hydrofluoric acid with the ether. An ozonized ether, when injected into an apartment in the form of spray, renders the atmosphere pure, and the presence of the ozone can be demonstrated by Schonbein's test papers.

Amputation at the Hip-Joint.—Three successful cases of amputation at the hip-joint, in London hospitals, are reported at the same time by Mr. Erichsen, Mr. Holmes, and Mr. H. Lea.

Influenza in London.—It is stated in a late No. (May 12) of the *Medical Times and Gazette* that "influenza is very prevalent in London at present, and is one of many other signs that forebode a probable invasion of cholera. The symptoms we have noticed are shivering and malaise, followed by dry heat of skin (but in one or two cases in which the thermometer was used it did not indicate any abnormal rise of temperature), great sneezing and defluxion, tickling cough, and muscular pains. Children seem to be greater sufferers than adults. The old-fashioned stimulating diaphoretic, composed of liq. am. acet. and nitrous ether, with conium for the cough and plenty of nourishment, seem to have been successful remedies, and the epidemic has been extensive rather than severe.

The Coming Summer.—Dr. Hjaltalin states that in Norway the mean temperature has been five degrees below the usual mean of winter, this must necessarily be followed by a tremendous ice drift. The Atlantic will receive the drifting in blocks which will melt, and Dr. H. predicts will be the occasion of much rain and hail accompanied by a fall of the mean temperature of the coming summer.—*Med. Times and Gaz.*, May 1, 1866.

OBITUARY RECORD.—Died, in London, April, 1866, of suppurative inflammation of the kidneys, aged 72, BENJAMIN GUY BABINGTON, M.D., F.R.S., Physician to Guy's Hospital, the founder of the Epidemiological Society, and for several years its President.

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